

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

10/17/08

3. DATE RECEIVED BY STATE:

2b. APPLICATION ID:

09SR093508

4. DATE RECEIVED BY FEDERAL AGENCY:

10/17/08

1. TYPE OF SUBMISSION:

Application ☒ Non-Construction

STATE APPLICATION IDENTIFIER:

FEDERAL IDENTIFIER:

5. APPLICATION INFORMATION

LEGAL NAME: Pomona Valley Community Services

DUNS NUMBER: 128436013

ADDRESS (give street address, city, state, zip code and county):

141 South Spring Street
Claremont CA 91711
County: Los AngelesNAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Sandee Hayden

TELEPHONE NUMBER: (909) 593-7511 E

FAX NUMBER: (909) 596-8445

INTERNET E-MAIL ADDRESS: rsvpshayden@linkline.com

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

953100466

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Community-Based Organization

8. TYPE OF APPLICATION (Check appropriate box).

☒ NEW ☐ NEW/PREVIOUS GRANTEE
☐ CONTINUATION ☐ AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION

B. BUDGET REVISION

C. NO COST EXTENSION

D. OTHER (specify below):

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

Azusa, Claremont, Covina, Diamond Bar, Glendora, La Verne, Pomona, San
Dimas and Walnut

11a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Foothill Communities RSVP

11b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: 01/01/09 END DATE: 12/31/11

14. CONGRESSIONAL DISTRICT OF: a.Applicant ☐ b.Program ☐

15. ESTIMATED FUNDING: Year #: 1

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:
DATE 17-OCT-08☐ NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Fay Biggs

b. TITLE:

CEO

c. TELEPHONE NUMBER:

(909) 621-9900

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

10/17/08

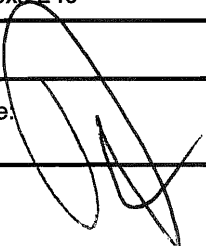
PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction															
Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)																	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/17/08	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER: n/a															
2b. APPLICATION ID: 09SR093809	4. DATE RECEIVED BY FEDERAL AGENCY: 10/17/08	FEDERAL IDENTIFIER:															
5. APPLICATION INFORMATION																	
LEGAL NAME: YMCA of Greater Whittier DUNS NUMBER: 089884592		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Robert Warnock TELEPHONE NUMBER: (562) 907-6545 FAX NUMBER: (562) 698-2275 INTERNET E-MAIL ADDRESS: bwarnock@ymcawhittier.org															
ADDRESS (give street address, city, state, zip code and county): 12510 E Hadley St 2nd Floor Whittier CA 90601 - 3942 County: Los Angeles																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951684795		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization															
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input checked="" type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):																	
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service																	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP of Whittier and the San Gabriel Valley 11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): It is bounded by the cities of Downey, Norwalk, Santa Fe Springs and La Mirada on the south, the cities of Pico Rivera, Monterey Park, Alhambra, South Pasadena																	
13. PROPOSED PROJECT: START DATE: 01/01/09 END DATE: 12/31/11		14. CONGRESSIONAL DISTRICT OF: a.Applicant <input checked="" type="checkbox"/> CA 39 b.Program <input checked="" type="checkbox"/> CA 39															
15. ESTIMATED FUNDING: Year #: <input type="text" value="1"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 17-OCT-08 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="width: 80%; text-align: right;">\$ 125,569.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 97,632.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 36,682.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 60,950.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 223,201.00</td> </tr> </table>		a. FEDERAL	\$ 125,569.00	b. APPLICANT	\$ 97,632.00	c. STATE	\$ 36,682.00	d. LOCAL	\$ 60,950.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 223,201.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 125,569.00																
b. APPLICANT	\$ 97,632.00																
c. STATE	\$ 36,682.00																
d. LOCAL	\$ 60,950.00																
e. OTHER	\$ 0.00																
f. PROGRAM INCOME	\$ 0.00																
g. TOTAL	\$ 223,201.00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. TYPED NAME OF A AUTHORIZED REPRESENTATIVE: Mike Blackmore		b. TITLE: President & CEO															
		c. TELEPHONE NUMBER: (562) 907-2727															
d. SIGNATURE OF A AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 10/17/08															

Application for Federal Assistance SF-424		Version 02																
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision																	
3. Date Received: 4. Applicant Identifier:																		
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:																
State Use Only:																		
6. Date Received by State:		7. State Application Identifier:																
8. APPLICANT INFORMATION:																		
*a. Legal Name: Community Housing Improvement Program, Incorporated																		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2223398		*c. Organizational DUNS: 010998797																
d. Address:																		
<table style="width: 100%; border: none;"><tr><td style="width: 20%;">*Street 1:</td><td><u>1001 Willow Street</u></td></tr><tr><td>Street 2:</td><td>_____</td></tr><tr><td>*City:</td><td><u>Chico</u></td></tr><tr><td>County:</td><td><u>Butte</u></td></tr><tr><td>*State:</td><td><u>CA</u></td></tr><tr><td>Province:</td><td>_____</td></tr><tr><td>*Country:</td><td><u>U.S.A.</u></td></tr><tr><td>*Zip / Postal Code</td><td><u>95928</u></td></tr></table>			*Street 1:	<u>1001 Willow Street</u>	Street 2:	_____	*City:	<u>Chico</u>	County:	<u>Butte</u>	*State:	<u>CA</u>	Province:	_____	*Country:	<u>U.S.A.</u>	*Zip / Postal Code	<u>95928</u>
*Street 1:	<u>1001 Willow Street</u>																	
Street 2:	_____																	
*City:	<u>Chico</u>																	
County:	<u>Butte</u>																	
*State:	<u>CA</u>																	
Province:	_____																	
*Country:	<u>U.S.A.</u>																	
*Zip / Postal Code	<u>95928</u>																	
e. Organizational Unit:																		
Department Name: N/A		Division Name:																
f. Name and contact information of person to be contacted on matters involving this application:																		
<table style="width: 100%; border: none;"><tr><td style="width: 30%;">Prefix: _____</td><td>*First Name: <u>Imelda</u></td></tr><tr><td>Middle Name: _____</td><td></td></tr><tr><td>*Last Name: <u>Michel</u></td><td></td></tr><tr><td>Suffix: _____</td><td></td></tr></table>			Prefix: _____	*First Name: <u>Imelda</u>	Middle Name: _____		*Last Name: <u>Michel</u>		Suffix: _____									
Prefix: _____	*First Name: <u>Imelda</u>																	
Middle Name: _____																		
*Last Name: <u>Michel</u>																		
Suffix: _____																		
Title: Self-Help Housing Program Manager																		
Organizational Affiliation:																		
*Telephone Number: (530) 891-6931, ext. 231 Fax Number: (530) 891-8547																		
*Email: imichel@chiphousing.org																		



Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: USDA Rural Development	
11. Catalog of Federal Domestic Assistance Number: <u>10-420</u> CFDA Title: <u>Rural Self-Help Housing Technical Assistance</u>	
*12 Funding Opportunity Number: *Title: 	
13. Competition Identification Number: Title: 	
14. Areas Affected by Project (Cities, Counties, States, etc.): Butte, Glenn Tehama, and Shasta Counties.	
*15. Descriptive Title of Applicant's Project: The 100% application is for \$2,300,000, Section 523 TA Grant to complete 95 equivalent units, single family homes.	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: CA-002	*b. Program/Project: CA-002	
17. Proposed Project:		
*a. Start Date: 6/01/2009	*b. End Date: 5/31/2011	
18. Estimated Funding (\$):		
*a. Federal	2,300,000	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	2,300,000	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>10/13/2008</u>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: _____	*First Name: <u>David</u>	
Middle Name: _____		
*Last Name: <u>Ferrier</u>		
Suffix: _____		
*Title: Executive Director		
*Telephone Number: (530) 891-6931, ext 240		Fax Number: (530) 891-8547
* Email: dferrier@chiphousing.org		
*Signature of Authorized Representative: 		*Date Signed: 10/15/2008

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE <small>Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)</small>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction																					
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/20/08	3. DATE RECEIVED BY STATE: 	STATE APPLICATION IDENTIFIER: 																					
2b. APPLICATION ID: 09SF093519	4. DATE RECEIVED BY FEDERAL AGENCY: 10/20/08	FEDERAL IDENTIFIER: 																					
5. APPLICATION INFORMATION																							
LEGAL NAME: Fresno County Economic Opportunities Commission DUNS NUMBER: 070788023		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Victoria A. Lopes TELEPHONE NUMBER: (559) 263-1633 FAX NUMBER: (559) 263-1540 INTERNET E-MAIL ADDRESS: vicki.lopes@fresnoeoc.org																					
ADDRESS (give street address, city, state, zip code and county): 1920 Mariposa Mall Suite 300 Fresno CA 93721 - 2504 County: Fresno		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community Action Agency/Community Action Program Community-Based Organization																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 841806519		<div style="text-align: center;">  </div>																					
8. TYPE OF APPLICATION (Check appropriate box). <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION </div> <div> <input checked="" type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> AMENDMENT </div> </div> If Amendment, enter appropriate letter(s) in box(es): A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):																							
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service																					
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Fresno County, CA and contiguous city in Madera, CA		11a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno/Madera FGP 11b. CNCS PROGRAM INITIATIVE (IF ANY):																					
13. PROPOSED PROJECT: START DATE 01/01/09 END DATE 12/31/09		14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 20 b.Program CA 20																					
15. ESTIMATED FUNDING: Year #: 1 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 30%;">a. FEDERAL</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 60%;">349,757.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: center;">\$</td> <td>85,399.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: center;">\$</td> <td>0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: center;">\$</td> <td>76,637.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: center;">\$</td> <td>8,762.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: center;">\$</td> <td>0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: center;">\$</td> <td>435,156.00</td> </tr> </table>		a. FEDERAL	\$	349,757.00	b. APPLICANT	\$	85,399.00	c. STATE	\$	0.00	d. LOCAL	\$	76,637.00	e. OTHER	\$	8,762.00	f. PROGRAM INCOME	\$	0.00	g. TOTAL	\$	435,156.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-OCT-08 <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372
a. FEDERAL	\$	349,757.00																					
b. APPLICANT	\$	85,399.00																					
c. STATE	\$	0.00																					
d. LOCAL	\$	76,637.00																					
e. OTHER	\$	8,762.00																					
f. PROGRAM INCOME	\$	0.00																					
g. TOTAL	\$	435,156.00																					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Roger Palomino	b. TITLE: Executive Director	c. TELEPHONE NUMBER: (559) 263-1010																					
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		e. DATE SIGNED: 10/20/08																					

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to conform to the Corporation's eGrants System)

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

10/20/08

2b. APPLICATION ID:

09SR092925

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED BY FEDERAL AGENCY:

10/20/08

1. TYPE OF SUBMISSION:

Application ☒ Non-Construction

STATE APPLICATION IDENTIFIER:

FEDERAL IDENTIFIER:

08SRPCA004

5. APPLICATION INFORMATION

LEGAL NAME: Volunteer Center Orange County

DUNS NUMBER: 054360722

ADDRESS (give street address, city, state, zip code and county):

1901 E. 4th Street

Suite 100

Santa Ana CA 92705 - 3918

County: Orange

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

952021700

8. TYPE OF APPLICATION (Check appropriate box).

☐ NEW ☐ NEW/PREVIOUS GRANTEE
☒ CONTINUATION ☐ AMENDMENT

If Amendment, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION

C. NO COST EXTENSION D. OTHER (specify below):

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Perry Wiggins

TELEPHONE NUMBER: (714) 853-5757 215

FAX NUMBER: (714) 834-0585

INTERNET E-MAIL ADDRESS: pwiggins@volunteercenter.org

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Volunteer Management Organization



9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

All of greater Orange County, CA

11a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RSVP - Orange County, CA

11b. CNCS PROGRAM INITIATIVE (IF ANY):

13. PROPOSED PROJECT: START DATE: 01/01/08 END DATE: 12/31/10

15. ESTIMATED FUNDING: Year #: 2

a. FEDERAL	\$ 135,360.00
b. APPLICANT	\$ 58,675.00
c. STATE	\$ 0.00
d. LOCAL	\$ 58,675.00
e. OTHER	\$ 0.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 194,035.00

14. CONGRESSIONAL DISTRICT OF: a.Applicant CA 48 b.Program CA 48

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?
☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:

DATE 21-OCT-08

☐ NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ NO
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Dan McQuaid

b. TITLE:

President/CEO

c. TELEPHONE NUMBER:

(714) 853-5757 138

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:

10/20/08

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 22, 2008	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
City of Woodland		Department: Community Development Department		
Organizational DUNS: 09587880		Division: Redevelopment and Housing Division		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 300 First Street		Prefix: Ms.		
City: Woodland		First Name: Cynthia		
County: Yolo		Middle Name J.		
State: CA		Last Name Shallit		
Zip Code 95695		Suffix:		
Country: USA		Email: cynthia.shallit@cityofwoodland.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000459		Phone Number (give area code) (530) 661-5815		Fax Number (give area code) (530) 406-0832
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) City or Township Government Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY: U.S. Economic Development Administration		
TITLE (Name of Program): PWEDA 11.300 Public Works and Economic Development		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning and design of City of Woodland's Downtown Parking Garage		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yolo County /City of Woodland				
13. PROPOSED PROJECT Start Date: March 2009 Ending Date: August 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant First b. Project First		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 125,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 22, 2008		
b. Applicant	\$ 125,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 125,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 375,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Mark		Middle Name G.
Last Name Deven		Suffix		
b. Title City Manager		c. Telephone Number (give area code) (530) 661-5800		
d. Signature of Authorized Representative <i>Mark Deven</i>		e. Date Signed October 22, 2008		

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 22, 2008	Applicant Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Woodland		Organizational Unit: Department: Community Development Department	
Organizational DUNS: 09587880		Division: Redevelopment and Housing Division	
Address: Street: 300 First Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Woodland		Prefix: Ms.	First Name: Cynthia
County: Yolo		Middle Name J.	
State: CA		Last Name Shallit	
Zip Code: 95695		Suffix:	
Country: USA		Email: cynthia.shallit@cityofwoodland.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000459		Phone Number (give area code) (530) 661-5815	Fax Number (give area code) (530) 406-0832
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) City or Township Government Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): PWEDA 11.300 Public Works and Economic Development		9. NAME OF FEDERAL AGENCY: U.S. Economic Development Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yolo County / City of Woodland		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning and design of City of Woodland's Downtown Parking Garage	
13. PROPOSED PROJECT Start Date: March 2009 Ending Date: August 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant First b. Project First	
16. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 125,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 22, 2008	
b. Applicant	\$ 125,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 125,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 375,000.00		
g. TOTAL	\$.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Mark	Middle Name G.	
Last Name Deven		Suffix	
b. Title City Manager		c. Telephone Number (give area code) (530) 661-5800	
d. Signature of Authorized Representative <i>Mark Deven</i>		e. Date Signed October 22, 2008	

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier 1 98910009
6. DUNS Number: 808321913		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Liz Haven (916) 341-5573	
8. Type of Application: ____ New _____ Revision <input checked="" type="checkbox"/> Continuation If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.419 Title: Water Pollution Control State and Interstate Program Support		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		11. Descriptive Title of Applicant's Project: To protect and improve California's surface waters in the implementation of water quality laws in the California Porter-Cologne Water Quality Control Act and the federal Clean Water Act (CWA).	
13. Proposed Project: Start Date 7/1/2008 End Date 6/30/2011		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$23,851,257 b. Applicant \$0 c. State \$17,814,772 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$41,666,029		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: October 23, 2008 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <input checked="" type="checkbox"/> NO	
a. Typed Name of Authorized Representative Dorothy Rice		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: 10/28/2008	

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED 	Applicant Identifier
		3. DATE RECEIVED BY STATE 	State Application Identifier
		4. Federal Identifier 	
5. APPLICANT INFORMATION * Legal Name: Surfx Technologies LLC Department: Division: * Street1: 3617 Hayden Avenue Street2: * City: Culver City County: * State: CA: Califon Province: * Country: UNITED ST * ZIP / Postal Code: 90232 * Organizational DUNS: 005065664			
Person to be contacted on matters involving this application Prefix: * First Name: Hans Middle Name: Gregory * Last Name: Wood Suffix: * Phone Number: 310-558-0770, ext. 111 Fax Number: 310-388-6066 Email: wood@surfxtechnologies.com			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-4742361		7. * TYPE OF APPLICANT: R: Small Business	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DOE Topic 46, Subtopic (a): Atmospheric Plasma Etching of Niobium Cavities			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Culver City, Los Angeles County, CA			
13. PROPOSED PROJECT: * Start Date: 06/01/2009 * Ending Date: 02/28/2010		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: CA 33 b. * Project: CA 33	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Peter Middle Name: C. * Last Name: Guschl Suffix: Position/Title: Applications Engineer * Organization Name: Surfx Technologies LLC Department: Division: * Street1: 3617 Hayden Avenue Street2: * City: Culver City County: * State: CA: Califon Province: * Country: UNITED ST * ZIP / Postal Code: 90232 * Phone Number: 310-558-0770, ext. 113 Fax Number: 310-388-6066 * Email: guschl@surfxtechnologies.com			

RECEIVED
OCT 24 2008
STATE CLEANING HOUSE

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

*** Signature of Authorized Representative**

Completed on submission to Grants.gov

*** Date Signed**

Completed on submission to Grants.gov

20. Pre-application**21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		If Revision, select appropriate letter(s) Other (specify):	
3. Date Received		4. Applicant Identifier:		<div>RECEIVED</div> <div>OCT 27 2008</div> <div>STATE CLEARING HOUSE</div>	
5a. Fed Entity Identifier:		5b. Federal Award Identifier: R021438			
6. Date Received by State:		7. State Application Identifier:			
8. APPLICANT INFORMATION:					
a. Legal Name: State of California					
b. Employer/Taxpayer Identification Number (EIN/TIN): 680364962			c. Organizational DUNS: 002540768		
d. Address:					
Street 1: 1516 Ninth Street MS-1					
Street 2:					
City: Sacramento					
County: Sacramento					
State: CA					
Province:					
Country: U.S.A.					
Zip / Postal Code: 95814-5512					
e. Organizational Unit:					
Department Name:			Division Name: California Energy Commission		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr. First Name: John					
Middle Name: P.					
Last Name: Butler					
Suffix: II					
Title: Manager					
Organizational Affiliation:					
Telephone Number: (916)654-4204			Fax Number: (916)654-4076		
Email: jbutler@energy.state.ca.us					

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

9. Type of Applicant:

A State Government (State)

10. Name of Federal Agency:

U. S. Department of Energy

11. Catalog of Federal Domestic Assistance Number:

81.041

CFDA Title:

State Energy Program

12. Funding Opportunity Number:

DE PS26 08NT00284

Title:

Program Year 2008 State Energy Program Formula Grants

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Statewide

15. Descriptive Title of Applicant's Project:

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

16. Congressional District Of:

a. Applicant: 05

b. Program/Project: Statowide

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:

a. Start Date: 07/01/2008

b. End Date: 06/30/2009

18. Estimated Funding (\$):

a. Federal	2,151,000.00
b. Applicant	430,200.00
c. State	1,847,975.98
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	4,429,175.98

19. Is Application subject to Review By State Under Executive Order 12372 Process?:

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on: 05/12/2008☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372

20. Is the applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation)

No

21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 218, Section 1001)

☒ I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. First Name: John

Middle Name: P.

Last Name: Butler

Suffix: II

Title: Manager

Telephone Number: (916)654-4204

Fax Number:

Email: jbutler@energy.state.ca.us

Signature of Authorized Representative: Signed Electronically

Date Signed: 05/12/2008

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED

OCT 29 2008

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Save Our Shores

* b. Employer/Taxpayer Identification Number (EIN/TIN):

942745941

* c. Organizational DUNS:

611973988

d. Address:

* Street1:

345 Lake Avenue, Suite A

Street2:

* City:

Santa Cruz

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95062

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Laura

Middle Name:

* Last Name:

Kasa

Suffix:

Title:

Executive Director

Organizational Affiliation:

* Telephone Number:

(831) 462-5660

Fax Number:

(831) 462-6070

* Email:

lkasa@saveourshores.org

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:***** Other (specify):***** 10. Name of Federal Agency:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2009-2001501

*** Title:**

FY2009 Community-based Marine Debris Prevention and Removal Project Grants

13. Competition Identification Number:

2120171

Title:**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Santa Cruz County, CA

*** 15. Descriptive Title of Applicant's Project:**

"Save Our Shores: Establishing an Adopt-A-River Program in Santa Cruz County"

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

Cancel

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

14

* b. Program/Project

14

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date:

06/01/2009

* b. End Date:

05/31/2011

18. Estimated Funding (\$):

* a. Federal	149,848.00
* b. Applicant	0.00
* c. State	50,000.00
* d. Local	99,856.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	299,704.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

10/29/2008

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Ms.

* First Name:

Laura

Middle Name:

* Last Name:

Kasa

Suffix:

* Title:

Executive Director

* Telephone Number:

(831) 462-5660 ext. 8#

Fax Number:

(831) 462-6070

* Email:

lkasa@saveourshores.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

GRANTS.GOV

Grant Application Package

Opportunity Title:	FY 2009 Open Rivers Initiative
Offering Agency:	National Oceanic and Atmospheric Administration
CFDA Number:	11.463
CFDA Description:	Habitat Conservation
Opportunity Number:	NMFS-ECPO-2009-2001496
Competition ID:	2119945
Opportunity Open Date:	07/11/2008
Opportunity Close Date:	10/31/2008
Agency Contact:	For further information contact Tisa Shostik (Tisa.Shostik@noaa.gov) or Melanie Gange (Melanie.Gange@noaa.gov) at (301) 713-0174. Potential applicants are invited to contact NOAA Restoration Center staff before submitting an

RECEIVED

OCT 29 2008

STATE CLEARING HOUSE

☐ I will be submitting applications on my behalf, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name: OJAI VALLEY TRAIL BRIDGE

Mandatory Documents

Move Form to
Complete

Move Form to
Delete

Mandatory Documents for Submission

Project Narrative Attachment Form
Budget Narrative Attachment Form
CD511 Form
Assurances for Non-Construction Programs (SF-42)
Budget Information for Non-Construction Program

Optional Documents

Move Form to
Submission List

Move Form to
Delete

Optional Documents for Submission

Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

Click the "Save & Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED

OCT 29 2008

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

COUNTY OF VENTURA, GENERAL SERVICES AGENCY

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6000944

* c. Organizational DUNS:

066691122

d. Address:

* Street1:

800 S. VICTORIA AVENUE

Street2:

* City:

VENTURA

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93009

e. Organizational Unit:

Department Name:

GENERAL SERVICES AGENCY

Division Name:

PARKS

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Theresa

Middle Name:

* Last Name:

Lubin

Suffix:

Title: Program Administrator

Organizational Affiliation:

Manager, Parks Maintenance

* Telephone Number:

(805) 654-3968

Fax Number:

(805) 654-3684

* Email:

theresa.lubin@ventura.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: <div style="border: 1px solid black; padding: 2px;">B: County Government</div> Type of Applicant 2: Select Applicant Type: <div style="border: 1px solid black; height: 20px;"></div> Type of Applicant 3: Select Applicant Type: <div style="border: 1px solid black; height: 20px;"></div> * Other (specify): <div style="border: 1px solid black; height: 20px;"></div>	
* 10. Name of Federal Agency: <div style="border: 1px solid black; padding: 2px;">National Oceanic and Atmospheric Administration</div>	
11. Catalog of Federal Domestic Assistance Number: <div style="border: 1px solid black; padding: 2px;">11.463</div> CFDA Title: <div style="border: 1px solid black; padding: 2px;">Habitat Conservation</div>	
* 12. Funding Opportunity Number: <div style="border: 1px solid black; padding: 2px;">NMFS-HCPO-2009-2001496</div> * Title: <div style="border: 1px solid black; padding: 2px;">FY 2009 Open Rivers Initiative</div>	
13. Competition Identification Number: <div style="border: 1px solid black; padding: 2px;">2119945</div> Title: <div style="border: 1px solid black; height: 60px;"></div>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <div style="border: 1px solid black; padding: 2px;">Ventura County</div>	
* 15. Descriptive Title of Applicant's Project: <div style="border: 1px solid black; padding: 2px;">OJAI VALLEY TRAIL BRIDGE</div>	
Attach supporting documents as specified in agency instructions. <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="border: 1px solid black; padding: 2px; text-align: center;">Add Attachments</div><div style="border: 1px solid black; padding: 2px; text-align: center;">Delete Attachments</div><div style="border: 1px solid black; padding: 2px; text-align: center;">View Attachments</div></div>	

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

23

* b. Program/Project

24

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

07/01/2009

* b. End Date:

06/30/2011

18. Estimated Funding (\$):

* a. Federal	250,000.00
* b. Applicant	48,516.00
* c. State	482,234.00
* d. Local	15,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	795,750.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

10/29/2008

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Mr.

* First Name:

Paul

Middle Name:

S.

* Last Name:

Grossgold

Suffix:

* Title:

Director

* Telephone Number:

(805) 654-3800

Fax Number:

* Email:

paul.grossgold@ventura.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Diego State University Research Foundation

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6042721

* c. Organizational DUNS:

073371346

d. Address:

* Street1: 5250 Campanile Drive

Street2:

* City:

San Diego

County:

San Diego

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 92182-1931

e. Organizational Unit:

Department Name:

Sponsored Research

Division Name:

Development

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Eugene

Middle Name:

* Last Name:

Stein

Suffix:

Title: Director

Organizational Affiliation:

* Telephone Number: 619.594.5731

Fax Number: 619.594.4950

* Email: awards@foundation.sdsu.edu

RECEIVED

OCT 29 2008

STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

* 12. Funding Opportunity Number:

NOS-OCRM-2009-2001452

* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY09

13. Competition Identification Number:

2118581

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

San Diego CA

* 15. Descriptive Title of Applicant's Project:

Impacts of natural and anthropogenic forces on methane fluxes in the Tijuana River Estuary

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-53

* b. Program/Project CA-53

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 07/01/2009

* b. End Date: 06/30/2011

18. Estimated Funding (\$):

* a. Federal	60,000.00
* b. Applicant	35,716.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	85,716.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 10/29/2008.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Camille

Middle Name:

* Last Name: Nebeker

Suffix:

* Title: Director of Research Affairs

* Telephone Number: 619.594.5938 Fax Number: 619.594.4109

* Email: awards@foundation.sdsu.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: Completed by Grants.gov upon submission.		* 4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
B. APPLICANT INFORMATION:		
* a. Legal Name: The Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6036494		* c. Organizational DUNS: 047120084
d. Address:		
* Street1: Office of Research		
Street2: Sponsored Programs		
* City: 1850 Research Park Drive, Suite 300		
County: Yolo		
* State: CA: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95618		
e. Organizational Unit:		
Department Name: Environmental Science & Policy		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>		* First Name: Shirley
Middle Name: <input type="text"/>		
* Last Name: Holm		
Suffix: <input type="text"/>		
Title: Contracts and Grants Coordinator		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 530-754-5363		Fax Number: 530-752-3350
* Email: sholm@ucdavis.edu		

RECEIVED

OCT 29 2008

STATE CLEARING HOUSE

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

* 12. Funding Opportunity Number:

NOS-OCRM-2009-2001452

* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY09

13. Competition Identification Number:

2118581

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Marin County, California

* 15. Descriptive Title of Applicant's Project:

Consequences of invasive oysters and climate change on native oysters in San Francisco Bay

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-001	* b. Program/Project CA-001
Attach an additional list of Program/Project Congressional Districts if needed. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
17. Proposed Project:		
* a. Start Date:	06/01/2009	* b. End Date: 05/31/2012
18. Estimated Funding (\$):		
* a. Federal	60,000.00	
* b. Applicant	33,750.00	
* c. State		
* d. Local		
* e. Other		
* f. Program Income		
* g. TOTAL	93,750.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on 10/29/2008		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:		* First Name: May
Middle Name:		
* Last Name:	Turner	
Suffix:		
* Title:	Contracts and Grants Analyst	
* Telephone Number:	530-754-8112	Fax Number: 530-754-8229
* Email:	maturner@ucdavis.edu	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

RECEIVED

State Use Only:

OCT 30 2008

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

8. APPLICANT INFORMATION:

* a. Legal Name:

The Board of Regents of the University of Wisconsin System

* b. Employer/Taxpayer Identification Number (EIN/TIN):

396006492

* c. Organizational DUNS:

161202122

d. Address:

* Street1:

University of Wisconsin-Madison, RSP

Street2:

21 N. Park Street, Suite 6401

* City:

Madison

County:

* State:

NY: New York

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

53715-1210

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

James

Middle Name:

* Last Name:

Doherty

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

6077311171

Fax Number:

* Email:

jdoherty1@gmail.com

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.420

CFDA Title:

Coastal Zone Management Estuarine Research Reserves

* 12. Funding Opportunity Number:

NOS-OCRM-2009-2001452

* Title:

National Estuarine Research Reserve Graduate Research Fellowship Program FY09

13. Competition Identification Number:

2118581

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

The relationship of diversity and ecosystem functioning in the salt marsh plant communities of the Tijuana Estuary

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

2

* b. Program/Project

53

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

06/01/2009

* b. End Date:

05/31/2010

18. Estimated Funding (\$):

* a. Federal

20,000.00

* b. Applicant

8,572.00

* c. State

0.00

* d. Local

0.00

* e. Other

0.00

* f. Program Income

0.00

* g. TOTAL

28,572.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

10/31/2009

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Kim

Middle Name:

* Last Name:

Moreland

Suffix:

* Title:

Director of Research and Sponsored Programs

* Telephone Number:

6082623822

Fax Number:

* Email:

kmorelan@rsp.wisc.edu

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Department of Parks and Recreation

* b. Employer/Taxpayer Identification Number (EIN/TIN):

680303606

* c. Organizational DUNS:

172070807

d. Address:

* Street1:

9000 Highway 1

Street2:

* City:

Mendocino

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95460

e. Organizational Unit:

Department Name:

Parks and Recreation

Division Name:

Mendocino District

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Renee

Middle Name:

* Last Name:

Pasquinelli

Suffix:

Title: Senior Environmental Scientist

Organizational Affiliation:

* Telephone Number: (707) 937-5721

Fax Number: (707) 937-2953

* Email: rpasquinelli@parks.ca.gov

RECEIVED

OCT 30 2008

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2009-2001496

* Title:

FY 2009 Open Rivers Initiative

13. Competition Identification Number:

2119945

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Mendocino, Fort Bragg, Albion, Little River, Mendocino County, California

*** 15. Descriptive Title of Applicant's Project:**

Glenbrook Gulch Anadromous Fish Habitat Restoration - Dam Removal, Excessive Sediment Reduction, and Instream Habitat Restoration

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

1st

* b. Program/Project

1st

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

12/15/2008

* b. End Date:

06/01/2011

18. Estimated Funding (\$):

* a. Federal

247,444.42

* b. Applicant

0.00

* c. State

219,696.61

* d. Local

0.00

* e. Other

11,939.35

* f. Program Income

0.00

* g. TOTAL

479,080.38

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

10/30/2008

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes

☒ No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Ms.

* First Name:

Renee

Middle Name:

* Last Name:

Pasquinelli

Suffix:

* Title:

Senior Environmental Scientist

* Telephone Number:

(707) 937-5721

Fax Number:

(707) 937-2953

* Email:

rpasquinelli@parks.ca.gov

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: Completed by Grants.gov upon submission.		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
4. Applicant Identifier: <input type="text"/>		RECEIVED OCT 30 2008 STATE CLEARING HOUSE
5a. Federal Entity Identifier: <input type="text"/>		
5b. Federal Award Identifier: <input type="text"/>		
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: California Department of Parks and Recreation		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 680303606		* c. Organizational DUNS: 172070807
d. Address:		
* Street1: 9000 Highway 1		
Street2: <input type="text"/>		
* City: Mendocino		
County: <input type="text"/>		
* State: CA: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95460		
e. Organizational Unit:		
Department Name: Parks and Recreation		Division Name: Mendocino District
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: Renee	
Middle Name: <input type="text"/>		
* Last Name: Pasquinelli		
Suffix: <input type="text"/>		
Title: Senior Environmental Scientist		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: (707) 937-5721		Fax Number: (707) 937-2953
* Email: r.pasquinelli@parks.ca.gov		

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

At: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

* 12. Funding Opportunity Number:

NMFS-HQFO-2009-2001496

* Title:

FY 2009 Open Rivers Initiative

13. Competition Identification Number:

2110045

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Mendocino, Fort Bragg, Albion, Little River, Mendocino County, California

* 15. Descriptive Title of Applicant's Project:

Glenbrook Gulch Anadromous Fish Habitat Restoration - Dam Removal, Excess Sediment Reduction, and Instream Habitat Restoration

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="1st"/>	* b. Program/Project
<input type="text" value="1st"/>		
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="display: flex; justify-content: space-around;"><input type="text"/><input type="button" value="Add Attachment"/><input type="button" value="Delete Attachment"/><input type="button" value="View Attachment"/></div>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="12/15/2008"/>	* b. End Date:
		<input type="text" value="08/01/2011"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="247,444.40"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="219,690.61"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="11,239.35"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="478,080.38"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="10/30/2008"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Explanation"/>		
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Ms."/>	* First Name:
Middle Name:	<input type="text" value="Renée"/>	
* Last Name:	<input type="text" value="Pasquinelli"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Senior Environmental Scientist"/>	
* Telephone Number:	<input type="text" value="(707) 937-5721"/>	Fax Number:
		<input type="text" value="(707) 937-2353"/>
* Email:	<input type="text" value="rpasquinelli@parks.ca.gov"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed:
		<input type="text" value="Completed by Grants.gov upon submission."/>

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 10/30/2008		4. Applicant Identifier: <input type="text"/>
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>
<div>RECEIVED OCT 30 2008 STATE CLEARING HOUSE</div>		
State Use Only:		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>
B. APPLICANT INFORMATION:		
* a. Legal Name: The Regents of the University of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1539563		* c. Organizational DUNS: 125084723
d. Address:		
* Street1: The University of California, Santa Cruz		
Street2: 1156 High Street, c/o Office of Sponsored Projects		
* City: Santa Cruz		
County: <input type="text"/>		
* State: CA: California		
Province: <input type="text"/>		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 95064		
e. Organizational Unit:		
Department Name: <input type="text"/>		Division Name: <input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr.	* First Name: Adina	
Middle Name: <input type="text"/>		
* Last Name: Paytan		
Suffix: <input type="text"/>		
Title: <input type="text"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 831-459-1437		Fax Number: <input type="text"/>
* Email: apaytan@ucsc.edu		

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: <div style="border: 1px solid black; padding: 2px;">H: Public/State Controlled Institution of Higher Education</div> Type of Applicant 2: Select Applicant Type: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Type of Applicant 3: Select Applicant Type: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> * Other (specify): <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
* 10. Name of Federal Agency: <div style="border: 1px solid black; padding: 2px;">National Oceanic and Atmospheric Administration</div>	
11. Catalog of Federal Domestic Assistance Number: <div style="border: 1px solid black; padding: 2px;">11.420</div> CFDA Title: <div style="border: 1px solid black; padding: 2px;">Coastal Zone Management Estuarine Research Reserves</div>	
* 12. Funding Opportunity Number: <div style="border: 1px solid black; padding: 2px;">NOS-OCRM-2009-2001452</div> * Title: <div style="border: 1px solid black; padding: 2px;">National Estuarine Research Reserve Graduate Research Fellowship Program FY09</div>	
13. Competition Identification Number: <div style="border: 1px solid black; padding: 2px;">2118581</div> Title: <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>	
* 15. Descriptive Title of Applicant's Project: <div style="border: 1px solid black; padding: 2px;">Acidification of Coastal Waters and its effect on estuary habitat: A geologic record of Elkhorn Slough and pH variability in its sedimentary environments.</div>	
Attach supporting documents as specified in agency instructions. <div style="display: flex; justify-content: space-around; margin-top: 5px;"><div style="border: 1px solid black; padding: 2px 5px;">Add Attachments</div><div style="border: 1px solid black; padding: 2px 5px;">Delete Attachments</div><div style="border: 1px solid black; padding: 2px 5px;">View Attachments</div></div>	

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

CA17

* b. Program/Project

CA17

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

05/01/2009

* b. End Date:

05/31/2012

18. Estimated Funding (\$):

* a. Federal	60,000.00
* b. Applicant	25,715.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	85,715.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

11/03/2008

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Ms.

* First Name:

Wanda

Middle Name:

Jeanne

* Last Name:

Moody

Suffix:

* Title:

Contract and Grant Officer

* Telephone Number:

831-459-3136

Fax Number:

* Email:

wmoody@ucsc.edu

* Signature of Authorized Representative:

wanda.moody

* Date Signed:

10/30/2008